



Today's date: _____ / _____ / _____
 Month Day Year

HARASSMENT, INTIMIDATION and BULLYING REPORT

Directions: Harassment, intimidation and bullying are serious and will not be tolerated. Use this form to report alleged harassment, intimidation and bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to or from school, in the current school year. If you are a student victim, a witness, or the parent or guardian of a student victim and wish to report an incident of alleged harassment, intimidation or bullying, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time at 973-672-3200.

Harassment, intimidation and bullying mean conduct, including verbal and electronic communication conduct, that creates a hostile educational or work environment by substantially interfering with educational benefits, opportunities, performance, physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

PERSON REPORTING INCIDENT

Name: _____ Telephone (Home): _____ (Cell): _____
 E-mail: _____

Check the box that best describes the person reporting this incident. I am a:

Student Employee/Parent/guardian Adult relative Student Witness Adult Witness

Please complete the following:

1. Victim's name: _____ Age: _____
 (Please print)

2. Name(s) of alleged offender(s) if known:	Is he/she a Pride student?	Is he/she a Pride employee?
a) _____	<input type="checkbox"/> Yes <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) _____	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) _____	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. On what date(s) did the incident(s) happen?

_____ / _____ / _____	_____ / _____ / _____
Month Day Year	Month Day Year
_____ / _____ / _____	_____ / _____ / _____
Month Day Year	Month Day Year
_____ / _____ / _____	_____ / _____ / _____
Month Day Year	Month Day Year

4. Where did the incident happen (choose all that apply)?

<input type="checkbox"/> On school property	<input type="checkbox"/> At a school-sponsored activity on or off school property	<input type="checkbox"/> On a school bus	<input type="checkbox"/> On the way to or from school
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5. Place an **X** next to the statement(s) that best describe what happened (choose all that apply):

<input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something	<input type="checkbox"/> Getting another person to hit or harm the student	<input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means
<input type="checkbox"/> Demeaning and making the victim of jokes	<input type="checkbox"/> Making rude and/or threatening gestures	<input type="checkbox"/> Excluding or rejecting the student
<input type="checkbox"/> Intimidating (bullying), extorting, or exploiting	<input type="checkbox"/> Spreading harmful rumors or gossip	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Electronic or cyber bullying		

6. What did the alleged offender(s) say or do? (Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur? (Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Place an **X** next to one of the following:

<input type="checkbox"/> No	<input type="checkbox"/> Yes, but it did not require medical attention	<input type="checkbox"/> Yes, and it required medical attention
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9. If there was a physical injury, do you think there will be permanent effects? Yes

10. Was the victim absent from school or work as a result of the incident? Yes No

If yes, how many days was the victim absent from school or work as a result of the incident? _____

11. Did a psychological injury result from this incident? Place an **X** next to one of the following:

<input type="checkbox"/> No	<input type="checkbox"/> Yes, but psychological services have not been sought	<input type="checkbox"/> Yes, and psychological services have been sought
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12. Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

Signature: _____ **Date:** _____